

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10031227		FILING DATE	
						APPLICANT(S)			
3-7-18 CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1		1		61		
2		1		1			62		
3		2		1			63		
4		0		1			64		
5		0		1			65		
6		0		1			66		
7		0		1			67		
8	1		1		1		68		
9		1		1			69		
10		2		1			70		
11		0		1			71		
12		0		1			72		
13		0		1			73		
14				1			74		
15							75		
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49									
50									
TOTAL IND.			2		2		TOTAL IND.		
TOTAL DEP.			2		1		TOTAL DEP.		
TOTAL			14		13		TOTAL CLAIMS		

PTO-1309 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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